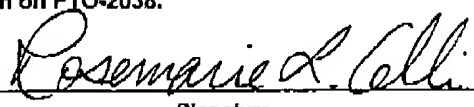
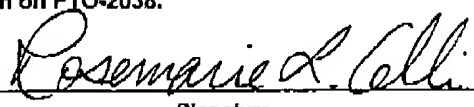
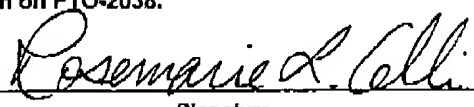


PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 015270-005910US																			
In re Application of Dale B. Schenk																					
Application Number 09/585,817		Filed June 1, 2000																			
For PREVENTION AND TREATMENT OF AMYLOID DISEASES																					
Art Unit 1647		Examiner Christopher J. Nichols																			
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.. Registration Number 42,397</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____ .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tr><td>May 19, 2004</td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td></td><td>Rosemarie L. Celli, Reg. No. 42,397</td></tr><tr><td></td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$	May 19, 2004		Date	Signature		Rosemarie L. Celli, Reg. No. 42,397		Typed or printed name
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110																				
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$																				
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$																				
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$																				
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$																				
May 19, 2004																					
Date	Signature																				
	Rosemarie L. Celli, Reg. No. 42,397																				
	Typed or printed name																				

60220180 v1

COPY

PTO/SB/22 (08-09)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 015270-005910US
In re Application of Dale B. Schenk		
Application Number 09/585,817		Filed June 1, 2000
For PREVENTION AND TREATMENT OF AMYLOID DISEASES		
Art Unit 1647		Examiner Christopher J. Nichols

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

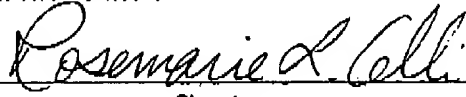
☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.. Registration Number 42,397

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

May 19, 2004
Date


Signature

Rosemarie L. Celli, Reg. No. 42,397
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

60220180 v1